

2014 EMPLOYMENT APPLICATION

Date _____ Name ______Gender _____ Social Security # ______Date of birth _____ Current Address_ City State Street Zip Permanent Address Street City State Zip I will be at my Current Address until the following date _____ Current Phone Permanent Phone Email Address ______Fax (if available) _____ How did you hear about Rock Solid? Position applying for: (check all that apply) □ Counselor ☐ Leadership ☐ Lifeguard ☐ Leader in Training ☐ Junior Counselor ☐ After School Program ☐ Part-Time Employee If you are over 24 and are interested in driving camp vehicles, please supply current driver's license information: State License Number Date Issued **Expiration Date** ACTIVITIES: Please rank the following activities, 1 (can teach), 2 (some experience), or 3 (interested in learning) ____Arts & Crafts ____Golf Comedy Stomp Dance Archery Drama Soccer Fishing Lacrosse Guitar _Gymnastics _Soccer _Martial Arts ___ Speed & Agility___ Canoeing Basketball Nature Cheerleading ____Video Games ___ _Rock Climbing____Ropes Course ____ Singing Tennis Baseball Swimming ____ Social Games___ Theatre Wrestling Football Yoga Video Production Please comment on your experience in the activities you can teach or lead. ______ What other hobbies or sports do you participate in or have you participated in? **CERTIFICATIONS:** Please indicate expiration dates of current certifications. Include copies of front and back. Required: Basic First Aid C.P.R. ____ Additional: Advanced First Aid W.S.I. E.M.T. __ Advanced Life Saving

EMPLOYMENT HISTORY:

Give details of any former and current employment- especially at camps, paid or unpaid. List your most recent employment first

Dates Employed	ployment firs	t .					
Institution Attended Years Completed Field of Study Degree Granted Ferences: Give the following information of three people who have knowledge of your character, experience lity with regard to the position that you are applying. Name Relationship Daytime Phone # Name Relationship Daytime Phone #		Employer	City and State	Telephone	Your Position	Reason for Leaving	
Institution Attended Years Completed Field of Study Degree Granted ERENCES: Give the following information of three people who have knowledge of your character, experiencity with regard to the position that you are applying. Do not list relatives. Name Relationship Daytime Phone # Name Relationship Daytime Phone #							
Institution Attended Years Completed Field of Study Degree Granted ERENCES: Give the following information of three people who have knowledge of your character, experiencity with regard to the position that you are applying. Do not list relatives. Name Relationship Daytime Phone # Name Relationship Daytime Phone #							
Institution Attended Years Completed Field of Study Degree Granted ERENCES: Give the following information of three people who have knowledge of your character, experiencity with regard to the position that you are applying. Do not list relatives. Name Relationship Daytime Phone # Name Relationship Daytime Phone #							
Second Processing Action Starting after high school Years Field of Study Degree Granted							
Institution Attended Years Completed Field of Study Degree Granted ERENCES: Give the following information of three people who have knowledge of your character, experiencity with regard to the position that you are applying. Do not list relatives. Name Relationship Daytime Phone # Name Relationship Daytime Phone #							
Institution Attended Years Completed Field of Study Degree Granted ERENCES: Give the following information of three people who have knowledge of your character, experience lity with regard to the position that you are applying. Do not list relatives. Name Relationship Daytime Phone # Name Relationship Daytime Phone #	ase list job-re	lated organizatio	ns, clubs, or other a	associations to w	hich you belong		
ERENCES: Give the following information of three people who have knowledge of your character, experience lity with regard to the position that you are applying. Do not list relatives. Name Relationship Daytime Phone # Name Relationship Daytime Phone #	JCATION: (st	arting after high	school)				
Name Relationship Daytime Phone # Name Relationship Daytime Phone # Name Relationship Daytime Phone #	Institutio	on Attended		Field of S	Study	Degree Granted	
Name Relationship Daytime Phone # Name Relationship Daytime Phone # Name Relationship Daytime Phone #							
Name Relationship Daytime Phone # Name Relationship Daytime Phone # Name Relationship Daytime Phone #							
Name Relationship Daytime Phone # Name Relationship Daytime Phone # Name Relationship Daytime Phone #							
Name Relationship Daytime Phone # Name Relationship Daytime Phone #	ity with rega	rd to the position	that you are apply			our character, experience	
Name Relationship Daytime Phone #	ity with rega	rd to the position	that you are apply	ing. Do not list r o	elatives.		
lain why you are interested in working for Rock Solid and what you hope to gain from the experience.	Name	rd to the position	that you are apply	ing. Do not list r e	elatives. nship	Daytime Phone #	
	Name	rd to the position	that you are apply	ing. Do not list r e Relatio Relatio	nship	Daytime Phone # Daytime Phone #	
	Name Name Name	rd to the position	that you are apply	Relatio Relatio	nship nship	Daytime Phone # Daytime Phone # Daytime Phone #	
	Name Name Name	rd to the position	that you are apply	Relatio Relatio	nship nship nship	Daytime Phone # Daytime Phone # Daytime Phone #	
	Name Name Name	rd to the position	that you are apply	Relatio Relatio	nship nship nship	Daytime Phone # Daytime Phone # Daytime Phone #	
	Name Name Name	rd to the position	that you are apply	Relatio Relatio	nship nship nship	Daytime Phone # Daytime Phone # Daytime Phone #	
	Name Name Name	rd to the position	that you are apply	Relatio Relatio	nship nship nship	Daytime Phone # Daytime Phone # Daytime Phone #	

Write a brief biographical sketch about yourself including information that might have a bearing on the position(s) for which, you are applying. (If you are a returning staffer, please indicate the growth that has taken place during your year(s) at Rock Solid and what different aspects you now bring to the table.)
year(s) at Rock Solid and what different aspects you now bring to the table.)
Lack of personal freedom is a reality of working at a camp/rec facility (e.g. hard work, limited internet access, lack of privacy, no smoking, no drinking alcohol.) What personal adjustments would you need to make in order to be successful in this environment?
Did you attend some type of summer camp as a child? Give your opinion of the long-term impact a quality camp
experience or rec center can make in children's lives and some of what you have seen that will last forever in the mind
of a child or in your own life. Also list any ideas that might be useful to the growth of Rock Solid:
Tell us about your relationship with God and the impact you feel it has on your position at Rock Solid.
What do you feel are your 3 greatest strengths that would make you a good Rock Solid staffer?

What do you feel are your 3 greatest weaknesses that could potentially be a	positive and/o	r a negative as a Rock Solid
staffer?		
If you are applying for a job as a lifeguard, please answer the following: Re	alizing the pot	ential danger of water
activities, what do you feel qualifies you to insure the safety of others? Do yo		_
and do you feel confident enough to vocalize rules, etc to participants?		
Has your name ever been placed on the Central Registry of child abuse?	□Yes	□No
2. Have you ever been convicted of a felony?	□Yes	□No
3. Have you ever been convicted on a drunk driving offense?	□Yes	□No
If you checked yes on any of the above questions, please explain on a separate	ate sheet of pa	
denied employment solely on grounds of conviction of a criminal offence.		
IMPORTANT GUIDELINES FOR ROCK SOLID STAFF Smoking is not permitted on camp property. The use of any controlled substare a staff member at Rock Solid. Absolutely NO alcoholic beverages may be is to return to camp under the influence. Camp work is demanding, requiring policies that may be limiting such as curfews, limited time-off, lack of privacy	brought onto glong hours, a	camp property and no one nd adherence to camp
AFTER- ACQUIRED EVIDENCE PROVISION "I authorize investigation of all statements herein, including any checks of cri all others from liability in connection with the same. I authorize random drug understand that, if employed, I will be an at-will employee unless there is an status. Furthermore, I understand that any agreement must be in writing an I also understand that untrue, misleading, or omitted information herein or i applicant may result in dismissal, regardless of the time of discovery by the control of the same of the s	g tests while I a agreement or d signed by the n other docum	am at Rock Solid. I law, which alters that e designated camp official.
Applicant's Signature:	Date:	
Please return the following things with your application:		
*A copy of your Drivers License		
*A copy of your Social Security Card		
*(3) Completed Reference Forms		
*Worker's Permit if under the age of 18		
*Signed Release for Random Drug Testing		
*Completed medical release form (This will be provided if hired) *Completed Staff Health Form (This will be provided if hired)		

Rock Solid is an equal opportunity employer. Prospective employees will receive consideration without discrimination of race, creed, color, sex, national origin, or handicap.

RETURN COMPLETED FORM TO:

ROCK SOLID, P.O. Box 18224, Shreveport, LA 71138
For more information: Email us at rocksolidathletic@gmail.com or
Contact us at 318-402-7242

Rock Solid Athletic Club/Camps P.O. Box 18224, Shreveport, LA 71138 (LA) 318-402-7242 ~ (MO) 417-326-5786

Appli	cant Name:	

The above-named applicant is applying for employment at Rock Solid Athletic Club & Camps, a Christian athletic non-profit in MO and LA. Your prompt attention would be appreciated. Circle the rating which best describes the applicant's ability in each area; five being superior and one representing poor. Please read through the entire list first, develop your thoughts, and then go back through and circle the ratings. Any comments you can give are especially appreciated.

PLEASE TYPE OR PRINT

1. <u>Initiative</u>		5	4	3	2	1	N/A
Comments:						_	
2. Enthusiasm		5	4	3	2	1	N/A
Comments:						_	
3. <u>Reliability</u>		5	4	3	2	1	N/A
Comments:						_	
4. <u>Creativity</u>		5	4	3	2	1	N/A
Comments:						_	
5. <u>Cooperativeness</u>		5	4	3	2	1	N/A
Comments:							
6. Punctuality		5	4	3	2	1	N/A
Comments:							
7. Communication Skills	5	4	3	2	1	N/A	
Comments:							
8. Receptiveness to Suggestions	5	4	3	2	1	N/A	
Comments:							
9. General Appearance	5	4	3	2	1	N/A	
Comments:							
10. Physical Stamina		5	4	3	2	1	N/A
Comments:							
11. Emotional Maturity	5	4	3	2	1	N/A	
Comments:							
12. <u>Self-Confidence</u>		5	4	3	2	1	N/A
Comments:							
13. Willingness to Give Feedback	5	4	3	2	1	N/A	
Comments:							
14. <u>Leadership Ability</u>		5	4	3	2	1	N/A
Comments:							
15. Willingness to go Beyond Expected	5	4	3	2	1	N/A	
Comments:							
16. Suitability to work with Children		5	4	3	2	1	N/A
Comments:							
17. Commitment and Love for the Lord	5	4	3	2	1	N/A	
Comments:							

18. Moral Integrity		5	4	3	2	1	N/A
Comments:						_	
19. Willingness to Work v	vith Others	5	4	3	2	1	N/A
Comments:						_	
What are the applicant's	most significant stre	engths?					
What are the applicant's	most significant wea	aknesses?					
In what capacity have you	u known the applica	nt? How long	?				
This applicant will not be	considered until all	of his/her ref	erences h	nave bee	n receive	d. If you h	nave any questions,
please don't hesitate to c	ontact Human Reso	urces at (318) 470-890)4 (LA) oı	417-326	5-5786 (M	O or by e-mail at
rocksolidsport@aol.com.	Thank you for your	time in supply	ying us w	ith this ir	nformatio	on. If you	choose to provide us
with your phone number,	, you are giving us po	ermission to o	call you if	we have	further	questions	regarding this
applicant.							
YOUR NAME:						-	
TITLE/OCCUPATION:	PI	HONE NUMBI	ER:				
	A A	SOL	CLUB				
	P.O. Box 18224	~ Shrevepo cksolidathle				2-7242	
I				ag	ree to a	llow Ro	ck Solid Athletic
Club, Inc to run a ranthat if I test positive time. I also understa will be responsible fo	that Rock Solid m	nay suspend ositive for r	I me fro my first	ny emplom my condrug te	oyment luties fo st admi	at Rock or an inc inistered	Solid. I understand definite amount of
	SIGNATURE					DATE	
	PRINTED NAME					DATE	